

Introduced by Senator Kuehl

February 22, 2008

An act to amend Section 14105.181 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 1682, as introduced, Kuehl. Medi-Cal: reimbursement rates.

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services, including certain family planning services, are provided to qualified low-income persons. Existing law prescribes various requirements governing reimbursement rates for these services.

Existing law requires reimbursement rates for office visits, rendered on or after January 1, 2008, billed as comprehensive clinical family planning services by Family PACT waiver providers and for office visits billed as family planning services by Medi-Cal providers to receive a rate augmentation equal to the weighted average of at least 80% of the amount that the federal Medicare program reimburses for these same or similar office visits, based on Medicare rates in effect on December 31, 2007.

This bill would require the rate augmentation to be based upon Medicare rates in effect on December 31, 2008, for office visits made on or after January 1, 2009.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 14105.181 of the Welfare and Institutions Code is amended to read:

14105.181. (a) For purposes of this section, the following definitions shall apply:

(1) “The Family Planning, Access, Care, and Treatment (Family PACT) waiver” or “Family PACT waiver” means the program described in subdivision (aa) of Section 14132, as approved by a federal demonstration waiver.

(2) “Comprehensive clinical family planning services” means those services described in paragraph (8) of subdivision (aa) of Section 14132.

(3) “Office visits” means those procedures billed under Common Procedure Terminology codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214.

(b) Reimbursement rates for office visits billed as comprehensive clinical family planning services by Family PACT waiver providers and for office visits billed as family planning services by Medi-Cal providers shall receive a rate augmentation equal to the weighted average of at least 80 percent of the amount that the federal Medicare program reimburses for these same or similar office visits. The rate augmentation shall be based upon Medicare rates in effect on December 31, ~~2007~~ 2008.

(c) The augmentation of reimbursement rates described in subdivision (b) shall be made for office visits rendered on or after January 1, ~~2008~~ 2009.

(d) (1) The director may adopt regulations as necessary to implement this section. These regulations may be adopted as emergency regulations in accordance with the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For purposes of this section, the adoption of the regulations shall be deemed an emergency and necessary for the immediate preservation of the public peace, health and safety, or the general welfare.

(2) As an alternative to paragraph (1), and notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the director may

- 1 administer this section, in whole or in part, by means of a provider
- 2 bulletin, or other similar instructions, without taking regulatory
- 3 action.

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